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|---|------------------------|---|--------------|--------------------|------------------------|-------------|------------------|----------------------|----------------|---------------|--------------|----------|------|---------------------|---------------|
| <p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4819).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3> | | <p>Complete if Known</p> | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/553,424-Conf. #1484</td> </tr> <tr> <td>Filing Date</td> <td>October 18, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Masashi TAMURA</td> </tr> <tr> <td>Examiner Name</td> <td>M. A. Newman</td> </tr> <tr> <td>Art Unit</td> <td>2624</td> </tr> <tr> <td>Attorney Docket No.</td> <td>1163-0536PUS1</td> </tr> </table> | | Application Number | 10/553,424-Conf. #1484 | Filing Date | October 18, 2005 | First Named Inventor | Masashi TAMURA | Examiner Name | M. A. Newman | Art Unit | 2624 | Attorney Docket No. | 1163-0536PUS1 |
| Application Number | 10/553,424-Conf. #1484 | | | | | | | | | | | | | | |
| Filing Date | October 18, 2005 | | | | | | | | | | | | | | |
| First Named Inventor | Masashi TAMURA | | | | | | | | | | | | | | |
| Examiner Name | M. A. Newman | | | | | | | | | | | | | | |
| Art Unit | 2624 | | | | | | | | | | | | | | |
| Attorney Docket No. | 1163-0536PUS1 | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TOTAL AMOUNT OF PAYMENT</td> <td style="width: 50%;">(\$) 180.00</td> </tr> </table> | | TOTAL AMOUNT OF PAYMENT | (\$) 180.00 | | | | | | | | | | | | |
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| | |
|--|--|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |

| | | | | | | | |
|---|---------------------|---------------------------------|---------------------|---|-------------------------|--------------------------------------|---------------------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | <i>Small Entity</i> | | <i>Small Entity</i> | | <i>Small Entity</i> | | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | _____ |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | _____ |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | _____ |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | _____ |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | _____ |
| | | | | | | | Small Entity |
| | | | | | | | Fee (\$) Fee (\$) |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | | 52 26 |
| Each independent claim over 3 (including Reissues) | | | | | | | 220 110 |
| Multiple dependent claims | | | | | | | 390 195 |
| Total Claims | | Extra Claims | | Fee (\$) | | Fee Paid (\$) | |
| | | - or HP = _____ x _____ = _____ | | | | | |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | | Extra Claims | | Fee (\$) | | Fee Paid (\$) | |
| | | - or HP = _____ x _____ = _____ | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | | Extra Sheets | | Number of each additional 50 or fraction thereof | | Fee (\$) Fee Paid (\$) | |
| _____ - 100 = _____ | | /50 = _____ | | (round up to a whole number) x _____ = _____ | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification \$130 fee (no small entity discount) | | | | | | | Fees Paid (\$) |
| Other (e.g., late filing surcharge) - 1806 Submission of an Information Disclosure Statement | | | | | | | 180.00 |

| | | | |
|---------------------------------------|-----------------------------------|--------|--------------------------|
| SUBMITTED BY | | | |
| Signature | Registration No. (Attorney/Agent) | 40,439 | Telephone (703) 205-8035 |
| Name (Print/Type) D. Richard Anderson | Date February 5, 2009 | | |